PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying				
				paper	s. Each additional	paper	such as an assignment	it or formal drawing, must	
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BIRCH STEW PO BOX 747 FALLS CHURC		Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
								(Depositor's name)	
								(Signature)	
			, 					(Date)	
APPLICATION NO.	NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/562,461	10/562,461 12/27/2005		Ryogo Kato		4633-0155PUS1		8173		
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nonprovisional	NO	\$1440 r	\$300		\$0		\$1740	07/29/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
JONES, MELVIN 3744 Change of correspondence address or indication of "Fee Address		3744	062-498000						
Change of corresp Address form PTO/Si "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the name of up to 2 registered attorney or agent). If no name is listed, no name will be printed. THE PATENT (print or type)								
	less an assignee is ident h in 37 CFR 3.11. Comp		-	ne pat gan as	ent. If an assigne signment.			cument has been filed for	
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a. The following fee(s): Issue Fee Publication Fee (N Advance Order - 4	the Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2 2 4 4 8 (enclose an extra copy of this form).								
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Authorized Signature		\mathbb{V}	$\overline{}$		Date Jul	Ly 2	28, 2008		
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xandria, Virginia 223	13-1450.	persons are required to res							